

IIIF. Health Systems Capacity Indicators

Health Systems Capacity Indicator 01: The rate of children hospitalized for asthma (ICD-9 codes 493.0-493.9) per 100,000 children less than five years of age

Data for this indicator Health Systems Capacity (HSCI) 01 are gathered from the Comprehensive Hospital Abstract Reporting System (CHARS), Washington State's hospital discharge database. Hospitalization rates for asthma decreased from 2000 to 2003, but increased slightly in 2004. Further investigation needs to be conducted to confirm this increase.

The Office of Maternal and Child Health (OMCH) seeks to improve rates related to the number of children hospitalized for asthma through the Bright Futures Guidelines Early Childhood Initiative, which promotes appropriate health care practices in child care and early learning settings, well-child visits, and establishing a Medical Home. In addition, Child Care Health Consultants (CCHCs) throughout the state promote and support appropriate health practices for young children with asthma in child care settings and help children with asthma access safe and healthy child care settings. OMCH's Child and Adolescent Health (CAH) Section is funding the statewide Child Care Resource and Referral Network to do environmental health outreach to ensure healthy physical environments in child care settings. OMCH also participates on a division-wide asthma initiative led by the Office of Community Wellness and Prevention.

HSCI 02: The percent of Medicaid enrollees whose age is less than one year who received at least one initial periodic screen.

In 2003, 98.6 percent of Medicaid enrollees less than one year of age had at least one initial periodic screen. These data, which were gathered from the Department of Social and Health Services' (DSHS) 2004 HEDIS Report, reflect an increased proportion of Medicaid enrolled infants who received at least one periodic screening. However, data collection methodology has fluctuated in recent years and caution should be taken when interpreting trends.

The Maternal and Infant Health (MIH) Section seeks to improve the percent of Medicaid enrollees whose age is less than one year who received at least one initial periodic screen through supporting the Family Health Hotline (formerly Healthy Mothers Healthy Babies) operated through an organization called WithinReach: Essential Resources for Healthy Families (formerly Healthy Mothers Healthy Babies). The hotline refers parents to resources to help them enroll in and access Medicaid services for their children. Maternity Support Services (MSS) and Infant Case Management (ICM) also refer and link Medicaid eligible children to providers who offer periodic screening services, including immunizations and well-child care. The Child and Adolescent Health (CAH) and Children with Special Health Care Needs (CSHCN) Sections participate with other state agencies on an Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Improvement Team to promote and improve access to and implementation of EPSDT across the state. In addition, the Early Childhood Comprehensive Systems Grant (Kids Matter) promotes Medical Homes - including access to Medicaid, EPSDT, and a medical provider - as one of the focus areas for promoting improvement and coordination in services for young children and their families. OMCH will continue to work with partners to develop new strategies to address this HSCI through the Early Childhood Comprehensive Systems Grant (Kids Matter) and EPSDT Improvement Team. For example, OMCH is hosting a State

Leadership workshop on improving implementation of EPSDT. OMCH will invite state agency decision-makers to participate in this meeting.

HSCI 03: The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

Data for this indicator (HSCI 03) are gathered from the DSHS 2004 HEDIS Report. Data collection methodology has fluctuated over previous years, therefore caution should be taken when interpreting trends. For example, data from previous years reflect all SCHIP enrollees, whereas years 2003 and 2004 reflect enrollees less than 15 months old.

OMCH seeks to improve outcomes related to this measure through supporting the Family Health Hotline operated by an organization called WithinReach: Essential Resources for Healthy Families. The hotline refers parents to resources to help them enroll in and access SCHIP services for their children. Maternity Support Services (MSS) and Infant Case Management (ICM) also refer and link SCHIP eligible children to providers who offer immunizations and well-child care.

HSCI 04: The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

Data for HSCI 04 are gathered from the Washington State Center for Health Statistics Birth Certificate Files, which are updated annually. Fluctuations in the data prevent any noticeable trends from being observed.

OMCH seeks to increase the percent of women (ages 15-44 years) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index through supporting Maternity Support Services (MSS) efforts that aim to get women into early and continuous prenatal care. It is a goal to refer women to prenatal care as soon as they enroll in Medicaid. Also, the Family Health Hotline refers women for care and insurance (i.e. Medicaid) for prenatal services. Staff at DSHS identify Medicaid eligible women in their databases who are not receiving MSS or prenatal care and refer them to local providers. Also, if unenrolled Medicaid eligible women appear at a clinic, a staff person is on-site to enroll them and provide prenatal services.

HSCI 05: Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State.

A. Percent of low birth weight (< 2,500 grams)

Data for HSCI 05A are gathered from DSHS HRSA. Over the past few years, these data have shown that Medicaid recipients have higher proportions of low birth weight than do non-Medicaid recipients.

OMCH's efforts to improve this indicator include but are not limited to First Steps (e.g. Maternity Support Services (MSS) and Infant Case Management(ICM)) activities and data monitoring, analysis, and publication.

The First Steps database links vital statistics data with Medicaid data related to various perinatal indicators such as low birth weight. These data are tracked and categorized by Medicaid/non-Medicaid status.

OMCH publishes an annual report titled The Perinatal Indicators Report that provides information about selected indicators, health status, and behaviors of pregnant and postpartum Medicaid and non-Medicaid women.

The new 2006 MCH Data and Services Report provides data and information about related services associated with this HSCI in order to guide future decision-making.

B. Infant deaths per 1,000 live births

Data for HSCI 05B are gathered from DSHS HRSA. These data show that Medicaid recipients have higher proportions of infant deaths than do non-Medicaid recipients. Overall, these rates have remained relatively stable in the last few years.

OMCH's efforts to improve this indicator include First Steps (e.g. MSS and ICM) activities and data monitoring, analysis, and publication.

The First Steps database links vital statistics data with Medicaid data related to various perinatal indicators such as infant deaths. These data are tracked categorized by Medicaid/non-Medicaid status.

OMCH publishes an annual report titled The Perinatal Indicators Report that provides information about selected indicators, health status, and behaviors of pregnant and postpartum Medicaid and non-Medicaid women.

The new 2006 MCH Data and Services Report provides data and information about related services associated with this HSCI in order to guide future decision-making.

C. Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Data for HSCI 05C are gathered from HRSA. These data show that Medicaid recipients are less likely to receive first trimester prenatal care than non-Medicaid recipients.

OMCH's efforts to improve this indicator include First Steps MSS activities and data monitoring, analysis, and publication.

The First Steps database links vital statistics data with Medicaid data related to various perinatal indicators such as prenatal care. These data are and tracked categorized them by Medicaid/non-Medicaid status.

OMCH publishes an annual report titled The Perinatal Indicators Report that provides information about selected indicators, health status, and behaviors of pregnant and postpartum Medicaid and non-Medicaid women.

The new 2006 MCH Data and Services Report provides data and information about related services associated with this HSCI in order to guide future decision-making.

- D. Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% of the Kotelchuck index).

Data for HSCI 05D are gathered from HRSA. These data show that Medicaid recipients are less likely to receive adequate prenatal care (based on Kotelchuck index), than non-Medicaid recipients.

OMCH's efforts to improve this indicator include First Steps MSS activities and data monitoring, analysis, and publication.

The First Steps database links vital statistics data with Medicaid data related to various perinatal indicators such as low birth weight. These data are tracked and categorized by Medicaid/non-Medicaid status.

OMCH publishes an annual report titled The Perinatal Indicators Report that provides information about selected indicators, health status, and behaviors of pregnant and postpartum Medicaid and non-Medicaid women.

The new 2006 MCH Data and Services Report provides data and information about related services associated with this HSCI in order to guide future decision-making.

HSCI 06: The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women

- A. The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs.
- Infants (0 to 1 year)

Data for HSCI 06A are gathered from the Washington State Poverty Guidelines. The data have not changed in recent years. In 2004, Medicaid eligibility was 200 percent of the Federal Poverty Level (FPL) for infants. SCHIP eligibility was 250 percent of the FPL. OMCH periodically responds to inquiries from policy makers in support of maintaining Medicaid and SCHIP eligibility at current levels for infants.

- B. The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs.
- Medicaid Children

Data for HSCI 06B are gathered from the Washington State Poverty Guidelines. The data have not changed in recent years. In 2004, Medicaid eligibility was 200 percent of the Federal Poverty Level (FPL) for infants. SCHIP eligibility was 250 percent of the FPL. OMCH periodically responds to inquiries from policy makers in support of maintaining Medicaid and SCHIP eligibility at current levels for children.

- C. The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs.
- Pregnant Women

Data for HSCI 06C are gathered from the Washington State Poverty Guidelines. The data have not changed in recent years. In 2004, Medicaid eligibility was 100 percent of the FPL for pregnant women. OMCH periodically responds to inquiries from policy makers in support of maintaining Medicaid eligibility at current levels for pregnant women.

Health Systems Capacity Indicator 07A: The percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program.

In 2003, approximately 90 percent of potentially Medicaid eligible children in Washington received a service paid for by the Medicaid Program. Data are gathered from the DSHS Client Services Database (CSDB) and the Office of Financial Management. Trends over the previous few years from 2000 to present have shown relatively stable rates with little fluctuation.

OMCH seeks to improve the percent of potentially Medicaid eligible children who have received a service paid for by the Medicaid Program through Bright Futures Guidelines Early Childhood Initiative, which promotes well-child visits and establishing a Medical Home. The Early Childhood Comprehensive Systems Grant (Kids Matter) includes medical homes as one of the focus areas for promoting improvement and coordination in services for young children and their families. OMCH staff partner with other state agencies on an EPSDT Improvement Team to promote and improve the access to and implementation of EPSDT across the state. OMCH will continue to work with partners to develop new strategies through the Bright Futures Guidelines work, Early Childhood Comprehensive Systems Grant (Kids Matter), and EPSDT Improvement Team.

Health Systems Capacity Indicator 07B: The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year

In 2003, the rate of EPSDT eligible children who received any dental services during the year was 55 percent, an increase over prior years. These data are gathered from the DSHS Health and Recovery Services Administration (HRSA). Data collection methodology has fluctuated over previous years, therefore caution should be taken when interpreting trends.

OMCH seeks to improve outcomes related to this measure through the following efforts. The Early Childhood Comprehensive Systems Grant (Kids Matter) includes medical homes as one of the focus areas for promoting improvement and coordination in services for young children and their families. OMCH staff partner with other state agencies on an EPSDT Improvement Team to promote and improve access to and implementation of EPSDT across the state. The OMCH Oral Health Program promotes access to dental care for low income children.

In the future, OMCH staff will continue to work with partners to develop new strategies through the Bright Futures Guidelines work, Early Childhood Comprehensive Systems Grant (Kids Matter), and EPSDT Improvement Team. The Oral Health Program will continue to look for opportunities to promote access to dental care for low income populations.

Health Systems Capacity Indicator 08: The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State CSHCN Program.

Data from 2004 indicate that approximately eight percent of State SSI beneficiaries less than 16 years old received rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program, this is a slight decrease from the ten percent rate in 2003. These data are gathered from the State CSHCN Programs's Child Health Intake Form (CHIF), a program enrollment form completed at the local health jurisdiction and submitted to CSHCN quarterly. The number of state SSI beneficiaries who are less than 16 years old is calculated from the

annual Children Receiving SSI report produced by the Social Security Administration. Data collection methodology has fluctuated in recent years; therefore caution should be taken when interpreting trends.

The CSHCN Program maintains and supports a variety of activities in order to influence this measure. Through a Memorandum of Understanding, a data file of all SSI applicants less than 16 years of age is provided to CSHCN on a quarterly basis by the Disability Determination Services unit in DSHS. Children not already receiving services through a local CSHCN program are provided with information about their local program, including contact information of the local CSHCN Coordinator. CSHCN Coordinators inform families they work with about SSI and may assist them in the application process.

In Washington State, every child SSI recipient is eligible to receive the State Medicaid Program's fee-for-service coverage. State Medicaid benefits include unlimited rehabilitative therapy when prescribed by a physician and when the condition of the child meets the appropriate medically necessary criteria. Because the State CSHCN Program's and the State Medicaid Program's financial eligibility criteria are identical, a maintenance level effort in providing rehabilitative services is appropriate.

Health Systems Capacity Indicator 09A: The ability of States to assure that the Maternal and Child Health program and Title V agency have access to policy and program relevant information and data.

Access to data from other programs and agencies is built from gaining the trust from the agencies. OMCH, especially the MCH Assessment section, works to gain and maintain that trust. This past year, all OMCH sections have held meetings with each other and with other partners to discuss the advantages and challenges of sharing data. Two contracts were implemented to facilitate this effort. One contract focused on the program perspective and explored questions related to the advantages to clients of sharing data. The second contract focused on the technology side of the issue. An information technology contractor met with the programs' information technology staff and vendors to discuss the technical feasibility of this effort.

Health Systems Capacity Indicator 09B: The ability of States to determine the percent of adolescents in grades 9 through 12 who report using tobacco products in the past month.

There are two major factors that influence the OMCH's ability to maintain and/or improve this indicator. First, the Tobacco Settlement Fund has been critical to Washington's ability to capture data on smoking behaviors among school students. Every two years, Washington conducts the Healthy Youth Survey (HYS), which gathers information about behaviors among public school students. The Tobacco Settlement Fund contributes almost two thirds of the operational costs of the survey. Secondly, the HYS is led by a multi-agency work group. OMCH works with other state agencies and partners to develop questions for the HYS. The ability of this workgroup to resolve issues that cross agency boundaries has been instrumental in the on-going political support the survey has maintained.